



**DELAWARE HEALTH
AND SOCIAL SERVICES**
DIVISION OF SUBSTANCE ABUSE
AND MENTAL HEALTH

QUALITY ASSURANCE/RISK MANAGEMENT/
PROVIDER ENROLLMENT

DSAMH OTP Medication Unit/Mobile Unit Application

(Insert provider/program here) is formally requesting to utilize a remote unit (check box below) for selected services from the Division of Substance Abuse and Mental Health:

☐ Medication Unit

☐ Mobile Unit

Remote Unit Information		
1. Unit name (identify vehicle for Mobile Unit or name for Medication Unit), phone number, and primary contact information	Unit Name: Address of Medication Unit/Address of Mobile Unit Parking Location (when not in use): Phone Number of Unit: Primary Contact Name(s) and Contact Information for Unit:	
2. Days of operation and hours of service per day		
3. Type of services provided		
4. Statement of need		<input type="checkbox"/> Statement of Need Attached
5. Names, titles, and credentials of staff and ability to work independently		<input type="checkbox"/> Staff List Attached
6. Supervisory support plan (please include the frequency of supervision and modality)		<input type="checkbox"/> Policy Attached
7. Emergency plan in event of crisis at remote unit location		<input type="checkbox"/> Policy Attached
8. Utilization of a secure Electronic Health Record		
9. Confidentiality plan specific to that remote unit location		<input type="checkbox"/> Policy Attached

10. Informed consent provided to client that indicates limited services at remote unit and information on services available at main program site		<input type="checkbox"/> Copy of Form Attached
11. Location of main program site information, license/certification, and complaint process prominently posted within the public view of the clients at the remote unit		
12. Pictures of external building access and office (Medication Unit) or vehicle (Mobile Unit) to be used by program staff		<input type="checkbox"/> Pictures Attached
13. Ability to identify clients served at remote units and provide list to DSAMH upon request		
14. Plan for securing medications and ensuring staff safety		<input type="checkbox"/> Policy Attached
15. The attestation that	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Pending	<input type="checkbox"/> Approval Attached
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Pending	<input type="checkbox"/> Approval Attached
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Pending	<input type="checkbox"/> Certification Attached
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Additional Documents Attached	Related policies and procedures not identified above (list below):	<input type="checkbox"/> Documents Attached
-------------------------------	--	---

DSAMH may rescind the license or certification if the program exceeds the scope of services thereby requiring a full application for a second site.

DSAMH may also rescind the license or certification if the unit is deemed to be unsafe for clients and staff.

DSAMH will provide a decision within ten (10) business days of the receipt of the request and all required documentation.

If you are interested in providing feedback to DSAMH regarding this request, please contact DSAMH using any of the methods listed below:

Email: dhss_dsamh_providerenrollment@delaware.gov

Call: 302-255-2845

Mail:

DSAMH Bureau of Policy, Compliance and Workforce
Development
1901 N. DuPont Highway
Springer Building New Castle DE 19720

DSAMH Medication Unit/Mobile Unit Application Decision Notice:

FOR DSAMH USE ONLY:

☐ Full Approval

☐ Unable to Support Request

If the request is not supported, the program may submit a new application if they have additional information. The original application will be closed.

Summary of decision:	
----------------------	--

Signature: _____

Date: _____

DSAMH may rescind the license or certification if the program exceeds the scope of services thereby requiring a full application for a second site.

DSAMH may also rescind the license or certification if the unit is deemed to be unsafe for clients and staff.

Provider: Please display a copy of the license or certification in a public place.

If you are interested in providing feedback to DSAMH regarding this request, please contact DSAMH using any of the methods listed below:

Email: dhss_dsamh_providerenrollment@delaware.gov

Call: 302-255-2845

Mail:

DSAMH, Bureau of Policy, Compliance and Workforce Development
1901 N. DuPont Highway
Springer Building New Castle DE 19720